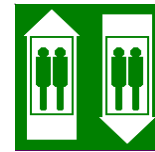


SUPPLEMENT FOR MULTIPLE EQUIPMENT

**ELEVATOR SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued
Permit #

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Signature _____ Date _____

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS							
Traction/Winding Drum							
Hydraulic							
Roped Hydraulic							
Escalator/Moving Walk							
Dumbwaiter							
Stairway/Chair/Man Lift							
Oil Buffers							
Counterweight Governor							
Auxiliary Power Generator							
Manufacturer							
Machine Room Location							
Number of Stops							
Number of Openings							
Travel (ft.)							
Speed (f.p.m.)							
Type of Control							
Type of Operation							
Passenger/Freight							
Capacity							
Year of Installation/Major Alteration							
Temp. Cert. of Comp.	Issue Date	_____	_____	_____	_____	_____	_____
	Expire Date	_____	_____	_____	_____	_____	_____
Cert. of Compliance	Number	_____	_____	_____	_____	_____	_____
	Date	_____	_____	_____	_____	_____	_____